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	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
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	-WI	mati	CAL	TION Styry important. See instructions on back of certificate.
	. B	(T)
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STATE OF MARYLAND-	CERTIFICATE OF DEATH 09104
1. PLACE OF DEATH	(131)
County Howford	Registration Dist, No. 183
Village or City Burker me	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John malter He	ill
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept 6 1933
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie C Frasch	1 HEREBY CERTIFY. That I attended deceased from 16", 1933, to Sept 6", 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I hast saw he alive on
2 C 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Chronic interstilial Data of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	nephritis usuknown
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
S. Hade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased iast worked at this occupetion (month and the second sec	
12. BIRTHPLACE (city or town) Maddeware (State or country) Konford & med	Other Centributery Causes of importance:
110	
x 0 1	
14. BIRTHPLACE (city or town) Madanus Multiple (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? / Vo
15. MAIDEN NAME Mary & Smithson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary & Smithson 16. BIRTHPLACE (city or town) Harford Co. hud (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mag gie & Bull (Address) Racke will	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 1933	Manner of injury
19. UNDERTAKER AND SALES (Address) Landtonic	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Sept 8 , 1933 Thomas Of Brown Registrar.	(Signed) A. T. Van Diber M. D. (Address) Tollar Diber M. D.
70 11 1 11 11 0 0 0	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1			
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

<	y item of infor-	S should state	t of OCCUPA-		
	F RECORD. Ever	Y. PHYSICIAN	Exact statemen		
OR BINDING	S A PERMANENT	tated EXACTL	roperly classified.	rtificate.	
ARGIN RESERVED FOR BINDING	ING INK-THIS I	AGE should be s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	tions on back of ce	
ARGIN	T, WITH UNFAD	carefully supplied.	'H in plain terms, s	ortant. See instruc	
. No. 1	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be calefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEAT	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09105
1. PLACE OF, DEATH/	600
County Harfrid	Registration Dist. No. 182
Village or City Thurchvello	NoSt., Ward
[9 ((If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	20 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME / /ary Tyllow	ge
(a) Residence: No. Chupthville	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Y OR DIVORCED (write the word)	21. DATE OF DEATH Sect. 7
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
(b) HIE OF D. Cope	1927 to Oept 7 1933
6. DATE OF BIRTH (month, day, and year)	liest saw h & alive on Cing 78, 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at
69 6 50 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Hypertenain - mys car ditio Date of onesat
8. Trade, profession, or particular kind of work done, as SPINNER, House Duties SAWYER, BOOKKEEPER, etc.	//
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and second in this occupation (month	Chronic myocarditis. Cuff
SAW MILL, BANK, etc	Duration: Three gears.
this occupation (month and Set 33 spent in this 50 year)	0
11-110 mil	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Surgaria Co. (State or country).	acute Vilatotion of Heart
~	Δ
13. NAME James underson	
14. BIRTHPLACE (city or town)	Name of operation Nove Date of
~ 1 9 1+	What test confirmed diegnosis?
15. MAIDEN NAME Susan Fullon	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
M M P B	Where did injury occur?(Specify city or town, county and State)
(Address) Elser Md. J. F. O. # 4	Specify whether injury occurred in INOUSTRY, In HOME, or fn PUBLIC PLACE.
18. BURIAL, CREMOTION, OR BEMOVAL ON MIND. 1/2 1/2 3-	Menner of injury
Place Mayes am. that to Date Steel 1, 10,19	Neture of injury
19. UNDERTAKER T. Madison Mitchell	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) Havre de Brace, Md.	If so, specify
20 FILED Solef- 9 1933 NE Kichardson	(Signed) M. D.
Registrar.	(Address) Bellen, Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

- 1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:	1 year	
	1915 1921	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

mation should the

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	46
County Starford	Registration Dist. No. 184
Village of City Humblin	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 6 yrsmos.	
2. FULL NAME Ellin Livenia	Cullum
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH Sefet 23 193 3 (Morth) (Day) (Year)
5a. Temmind, widowed, or diversed	M
(or) WIFE of archer Culling	22. JAHEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) for, 191870	liast saw h. L. alive on Sight 20 , 19 3 3 death is seid
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at
63 8 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cycennia of
9. Industry or business in which work was done, es SILK MILL,	Live
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end 1932) this occupation (month end 1932) year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (Corpor town) Chestnut Still (State or country) Farkwal Co. mnd.	Other Coatributory Causes of importence:
13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Elizabeth Duff 16. BIRTHPLACE (CHANGE TOWN)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Alfred the fullum (Address) Street mg	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Compete Sept 26, 1933	Manner of injury
19. UNDERTAKER S. Bailey (Address) Darlington, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Sep 24, 1933 M W Kirls Registrar.	(Signed) F. M. D. (Address) Darlygon

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Othon soutsilutous organic of in-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARTLAND	CERTIFICATE OF DEATH 03107
1. PLACE OF DEATH	<u></u>
County Herford	Registration Dist. No. 1821
Village or City Beusen	No. St. Ward
Langth ot residence in city or town where death occurredyrs3mos	death occurred in a hospital or institution, give its NAME instead of street and number)
011	ds. ligw long In U.S. it of foreign birth?yrsmosds.
2. FULL NAME	Mauslu
(a) Residence: No. Seuse (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Chile 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22. 193 3 (Yaar)
5a. It marriad, widowed, or divorcad HUSBAND ot	
(or) WIFE ot	HEREBY CERTIFY, That I attended decaasad from
C DATE OF BIRTH (mostly day and as Jak to 2 7 1933	I last saw h alive on 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days It LESS than	to have occurred on the data stated above, at
I day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, protession, or particular	wara as follows: Date of onset
kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still Birth
9. Industry or business In which	my imme
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date dacassed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BERTHPLACE (city or town) Pseuson	Other Contributory Courses of Importance:
(State or country) Land Co, Med	al Will birth
II 13. NAME CAMEN Franklin	
14. BIRTHPLACE City or town) Beyon	Name of operation Date of
(State of country)	What tast confirmed diagnosis? STILL BIRTHS there an autopsy?
15. MAIDEN NAME Morry Sucative 16. BIRTHPLACE (city or town) - Byssus (State or country)	23. It death was due to axternal causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city of town) - 1344 August	Accident, suicide, or homicide? Date of Injury
E (State or country) ld cufu d es ma	Whara did injury occur?
17. INFORMANT Junes Frankling	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Glenkurnie Data Sept 22, 1933	Natura ot injury
19. UNDERTAKER James Franklin (father)	24. Was diseasa or injury In any way related to occupation ot deceased?
11. 30001. 1	It so, specity
20. FILED SUPPL 22, 1933 U. E. Chambles Registrar.	(Signad) Allan Shiring M. D. (Addrass) teller and

STATE OF MADVIAND CEDTIFICATE OF DEATH

00107

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

DEATH in plain terms, so that it may be properly classified.

hourd be carefully supplied.

CAUSEOF

PHYSICIANS should state

Exact statement of OCCUPA-

N. B.—WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09108
1. PLACE OF DEATH	92-0
County Harfurd	Registration Dist. No. / 0 /
Village or City Caluatulen (If	No. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Thomas Sausaley A	tale 00
(a) Residence: No. My Rayal Conf. (Boul place of above)	St., Ward. Vhiladelphia, Va. If nonresident give his or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The second of the	21. DATE OF DEATH (Month) (Oay) (Year)
15a. If married, widowed, or divorced HUSBANO of Jarah L Hale	22. HEREBY CERTIFY, That I attended deceased from 1933, to 1933
DATE OF BIRTH (month, day, and year) Syst. 5, 1864	I last saw h alive on, 19; death is si
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above, at 947 P.m.
0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Pastaurant Browner, SANYER, BOOKKEEPER, etc.	
9. Industry or husiness in which	Delina arivo
work was done, as SILK MILL, SAW MILL, BANK, etc.	Pluonie Valustae
10. Date deceased last worked at this occupation (month and 193/ 193/ spent in this year)	Misian. Heart
12. BIRTHPLACE (city or town) Johnson Cong	Other Contributory Causes of importance:
(State or country) North Carolina	Decondary (Anema)
13. NAME Dillier Sale	Cardrak Failur
14. BIRTHPLACE (city or town) Johnson Crang	Name of operation Oate of
(State of Country) April Carolina	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mary: Stancil 16. BIRTHPLACE (city or town) Johnson Country (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) for the standard (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Pauline Aunse (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Phills 9 0ate Sypt 9 ,1923	Manner of Injury
19. UNDERTAKER Servy Janing Song (Address) Callington mod	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Sept 9, 1933 Of Myclinel Registrar.	(Signed) lecustor of folion M. (Address) January Chi Sicker

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	Y WINDOWS	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
WIREAU W. C.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenterilis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

properly classified. Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.

of OCCUPA.

AGE should be

SIAIL OF MARILAND CLINIII ICAIL OF DEATH	STATE OF	MARYLAND—CERTIFICATE OF DEATH	09109
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1. PLACE OF DEATH	210-000
county Starford	Registration Dist. No. 184
Village of City / Dublin	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2 FILL MARKE MALL A Hereale	7100
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CQLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sefet (0ay) (198.3 (Year)
5a. If married, widowed, or divorced HUSBANO of	- au
(or) WIFE of	22. I HEREBY CERTIFY, That I Monday deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 3. 1929	I last saw h alive on , 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 12:45 Pm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular	Struck by an antomobile Oate of onset
SAWYER, BOOKKEEPER, etc.	which Groben has neck
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	+ consent issections thatle
(1) JO Oate decessed lest worked at / 11 Total time (years)	
this occupation (month and no spant in this no occupation is not occupation in the spant in this no occupation is not occupation in the spant in this not occupation is not occupation in the spant in this not occupation in the span in	
12. BIRTHPLACE (city or town) Dublin	Other Coutributory Causes of Importance:
(State or country)	
13. NAME John Hunch 14. BIRTHPLACE (city actown) Dullin	
14. BIRTHPLACE (vity or town) William	Name of operation
(State or country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME TWA JOY 16. BIRTHPLACE (city or town) At my Co.	23. If death was due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)	Where did injury occur? About 240 Les Med
1.0 Ale 6	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Dom Attended and (Address) Darlington md	Or sparblis word
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Strucker boy an antomobile
Place Mulay Con Oate Oghila, 1933	Nature of injury as above of states.
19. UNDERTAKER St. J. Bailey	24. Was disease or injury in any way related to occupation of deceased?
(Address) Darlington, mg	If so, specify
20, FILED Sep. 11, 1933 Mr W / Crla	(Signed) M. O.
Registrar.	(Address) Cardiff, Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be sedured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I. I LAGE OF BEATH		//9
County Harforn	SUTRIS COSFORAT	Registration Dist. No. 183
Village or City HayTe-HE	GTARE	No. HAVTE-DE-GTEEHDSP.St., Ward
Length of residence in city or town where death	. (1)	f death occurred in a horpital or institution, give its NAME instead of street and number) s
		in the state of th
2. FULL NAME HUGH	HITE HEDEK	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	DR DIVORCED (write the word)	SEPTEM BET 10 ,193 3 (West)
5a. If married, widowed, or divorced HUSBAND of		22. A LHEREBY CERTIFY. That Lattended deceased from
(or) WIFE of		22. HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year)	EM ha 261932	I last saw house elive on Saht 9 195%; deeth is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 8: 40 F.m.
8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH apd plated causes of Importance
9 Trade profession or particular	/ ormin.	were as follows: Out of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		to titles.
9. Industry or business in which		Transley on Alleraland
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1	- Colored of the Colo
- I was occupation (month and	11. Total time (years) spent in this	
year)	occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) HAVIE-1	LE- LITAGE	
(Stete er country)		
13. NAME harles Hite	h r p r K	
4 14. BIRTHPLACE (city or town) U ATTET	TEXILLE MIL	Name of operation Date of
(State of country)		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME AME I J	ZELMAN	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Hayte	LE-Grafe	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Nd	Where did injury occur?
17. INFORMANT Charles Still (Address) Have he	hran md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE ROCKS Pun Com D	ate Syt, 13, 1933	Manner of Injury
H. S. Ra	'len	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Darling	md	If so, specify
Sell in the sell is	1.2. 21	(Signed) Selves M. (
20. FILED	Registrar.	(Address) To Zella Alle a a a mal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-m)
County Harfords RITHER CONFORM	Registration Dist. No. 185
Village or City Have de Grace:	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME William Thing	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wing the word)	21. DATE OF DEATH 9 15 (Month) (Oay) (Year)
ia. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) www.	I lest saw h alive on 19 deelh is sald
AGE Years Months Days If LESS than 1 day, hrs.	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or parlicular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Lindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this occupation)	Dracture cerrical vertetrae Daturciasial linearities
12, BIRTHPLACE (city or town) New fort reus. (State or country)	Other Contributory Causes of importance:
13. NAME / Leaffface (city or town) / Leaffface (Stale or country)	Name of operation Date of Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Date Date Date Date 19. UNDERTAKER	23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Was disease or injury in any way related to occupation of deceased?
20. FILED Set. 18, 1933 Charles J. Filey To D. Registrar.	(Signed) Alloor act Coron (Address) Have de Lyron in 1
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION

16. BIRTHPLACE (city or town)

(State or country (Address) 18. BURIAL CREMATION.

19. UNOERTAKER

(Address) Registrar. Whera did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.

Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance. Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

20

Έ	OF	DEATH	09113
1			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09113
. PLACE OF DEATH	(46)
County Starford	Registration Dist. No. / \$ 4
Village or City Dully	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
FULL NAME () I I I I I I I I I I I I I I I I I I	morris
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (runtie the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
If marriad, widowed, or divorced HUSBAND of (no.) WHEE of Annu Marris	1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Jan 124, 1870	Plast saw harmaliwa on Sept 8 , 1933; death is said
AGE Years Months Days If LESS than	to have occurred on the dete stated above, et. 5Pm.
63 7 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	CARRILLAMA Stomock Feb 1933
Mindustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date daceased last worked at this occupation (month and 1933) 11. Total time (years) 9/10. This occupation occupation.	
BIRTHPLACE (city or town) Starford C, (State or country)	Other Contributory Causes of importance:
13. NAME James Morris	
14. BIRTHPLACE (city or town) Starford Co (Stata or country)	Name of operation Data of What tast confirmed diagnosis?
15. MAIDEN NAME Farah Flahart	23. If death wes due to external ceuses (VtOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Starford (State or country)	Accident, suicide, or homicide?
INFORMANT My Mom Marris (Address) Struct md	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Dublin Com Date Sept 13, 1933	Manner of injury
UNDERTAKER HIS, Bailey (Address) Darlington md,	24. Was diseasa or injury in any way related to occupation of daceased?
FILED Sefo 11, 1933 MW Kurla Registrar.	(Signed) Welland P. Audson M. D. (Address) Houst Will rid
11.0	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL STACE FOR FURTHER STATEMENTS BY PHISICI	AL SPACE FOR FURTHER STATEMENTS BY PHYSICL	A'
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STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	

09114

1. PLACE OF DEATH		165)
County Harford.		Registration Dist. No. 189
Village or City Near	r"Gres Wess	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whe	e deeth occurred 27 yrs.	mosds. How long In U.S. if of foreign birth?yrsmos ds
2. FULL NAME Goly	rand Gas	V
(a) Residence: No. Pecus	Coreswell !	Mol. St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWI OR DIVORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
), /	Fied kut abland 19
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS t	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER,	l ormi	Date of onset
SAWYER, BOOKKEEPER, etc	W/ Jane	Harry
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this	
12. BIRTHPLACE (city or town)	lucus	Other Cuntributory Causes of importance:
	1	,
13. NAME 14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of Was there an autopsy?
15. MAIDEN NAME /	1	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Ram	Accident, suicide, or homicide? Sacretice Date of injury Lat 2019 32
17. INFORMANT Case B. (Address)	roman "Shuff"	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Date Sept 26.19	33- Nature of injury
19. UNDERTAKER Security	Jester med	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Sufa 22, 1933 M.	E.Richerdse Regist	(Signed) Belan M. (Address) Belan M.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
· Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	22)
County Naryord OMITHIN CONT	Registration Dist. No. 185
Village or City Halvre de Grace	No. / Lassital St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredmos	ds. How long of U.S. if of foreign birth?yrsmosds.
2. FULL NAME Blulah Reid	
(a) Residence: No. Suruman	St., Mayard.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH SEAN 16 1933
50 If married widowed or diversed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Cawara lua	Sleps 9 1933 , Sept 16 1933
6. DATE OF BIRTH (month, day, and year) Oct 8 - 1907	I last saw he elive on 15/16, 1923; deeth is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
2.5 11 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done as SPINNED	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this recursting (month and	blecand & Threat at
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	Degree Burn. buy 26
SAW MILL, BANK, etc	Tilanio
Sheut III this	
yeer) occupetion	Other Contributory Canses of importence:
12. BIRTHPLACE (city or town)	
(Stete er country) Marylana	1 oxacmow: 3 day ays
13. NAME Clarso Catton	
13. NAME Classo Satton 14. BIRTHPLACE (city or town). As Classociation (Contract or country)	Name of operation
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (stille fones)	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (stelle formes) 16. BIRTHPLACE (city or town) Harrye de Grace (State or country)	Accident, suicide, or homicide accident. Date of injury lug 26, 19.33
(State or country) Marifand	Where did Injury occur? Cellyman, ml.
17. INFORMANT Edwyd Hell (Address) Peruman And	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
-18, BURIAL, CREMATION, OR BEMOVAL	Manner of injury Burnel while Canning
Place Juen Spring Colore Sept 18, 1923	Nature of Injury Seemed & third degree fleurs.
19. UNDERTAKER Serving Jarring & Jans	24. Wes disease or Injury in any way related to occupation of deceased
(Address) Lifetideen Frak	If so, specify
20 FILED Sept. 16, 19 3/2 Charles & Faley, n.S.	(Signed) Churcher & Fally M. D.
Registrar.	(Address) James and Marghenne

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise stationary of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes cath, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any irmortant complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be care unity upplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plant terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important." See instructions on back of certificate.

1. PLACE OF DEATH	(87-P)
County Drayord	Registration Dist. No. 184
Village or City Darling ton	No. St. Ward
54	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos,ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Stenny E, delf	<u> </u>
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5. SINCLE, MARRIED, WIDOWED. (Write the word)	
5a. If manied, widowed, and diversed HUSBANO of	
ton weed Ladie B. delle	1 HEREBY CERTIFY man Mended deceased from
M-C 19 1911	100 100 1953
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If IESS than	I last saw hell alive on 1953; death is sei
	to heve occurred on the date stated above, a Land Land. The PRINCIPAL CAUSE OF DEATH and related causes of importance
// /0 6 ormin.	were as follows: Oate of one
8. Trade, profession, or perticular kind of work done, as SPINNER. Black Smit SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Mg on Shah 10. Date deceased lest worked et this occupation (month and the spent in this	h
9. Industry or business in which work was done, as SILK MILE, Wgon shoh	Maralesses asilaus 1-1-19
SAW MILL, BANK, etc.	
	,
year) occupation /	Other Contributory Causes of importance:
12. BIRTHPLACE (ethy or town) Hower Wie Wrace, M. (State or country)	mq
13. NAME James delle	
14. BIRTHPLACE (City or town)	Name of country 2000
4. BIRTHPLACE-(city or town) England	Name of operation. Law Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Catherine Moone 16. BIRTHPLACE (oilymor town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (cityper town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) ngland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COURTS SILL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Darlington md,	
18. BURIAL, CREMATION, OR REMOVED COM SILARON	Manner of injury
Place Date Off 78, 193	Nature of Injury
19. UNDERTAKER SISI Bailey (Address) Darling Simulation	24. Was disease or Injury in any way related to occupation of deceased?
(nouress) No wing to	If so, specify
20. FILED Sep 26, 1933 NOT VY Kirks	(Signed) M. (
Registrar.	(Address) College for

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09118
1. PLACE OF DEATH	39
County Harford.	Registration Dist. No. 154
Village or City // Darling low	No. St. Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (Winder the word) OR DIVORCED (Winder the word)	21. DATE OF DEATH (Modth) (Day) (Year)
5a. If marriad, widowed or divorced. HUSBAND of Carrie G. Thomas	22. HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Duly 16- 1866	I last say him alive on Sept J U 1933; death is said
6. DATE OF BIRTH (month, day, and year) 10 - 1806 7. AGE Years Mooth's Days If LESS than	to have occurred on the date stated above, at 2-22 furne
67 / 2 A 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance
2 Trade explanion or particular	were as follows Date of oneet
8. Trade, profassion, or particular kind of work done, as SPINNER Garuge Maker. SAWYER, BOOKKEEPER, etc.	pianesso
kind of work done, as SPINNER Carving Maker. SAWYER, BOOKKEEPER, etc. J. Industry or businass in which work was done, as SILK MILL Carving Office of the Company of the C	
10. Date decaased last worked at this occupation (mooth and year)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country)	
13. NAME Culher Thomas 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Q	Name of operation Data of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary & Vernor	23. If daath was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury
(State or country) Ougland	Where did injury occur? 1
INFORMANT MUS Carrie G. Thomas (Address) Sarlington and	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Dallage La Ag Date 0/18, 1983	Nature of Injury
19. UNDERTAKER & W. Holden	24. Was disaasa or injury In any way related to occupation of deceased? Two
20. FILED Seep S , 1933 MW Kirk Registrat.	(Signad) A Carlington M. D.
	2411 N. Charlet Street Bellimore Requesting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	- II	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	15 1 1020	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ORD. Every item of inforshould PHYSICIANS statement Exact classified. FOR BINDING EX certificate. properly ARGIN RESERVED of back may should AGE that supplied. terms, in plain OF DEATH

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH 210-0 Village or City Length of residence In city or town where death occurred... 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days If LESS th Months 1 day,___ *or____miy 8. Trade, profession, or particular CUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc. Date deceased last worked a 11. Total time (years) spent in this instructions on 00 this occupation (month and year) __ occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) MOTHER is very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country mation should be 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE NOIL 19. UNDERTAKER (Address) Registre

	0	Registratio	n Dist. No.	182
No.			St	Ward
death occurred in	a hospital or institu	ition, give its NA!	ME instead of street	
ds. He	ow long in U.S. if o	f foreign birth?	yrs	mosds.
	0			
St.,	Ward.			
			ent give city or town	
		ERTIFICAT	E OF DEAT	Н
21. DATE	OF DEATH			
		(Month)	(Daw)	, 193
		(MONTH)	(Day)	(Year)
22. I	HEREBY	CERTI	FY, That I atte	ndad daceasad from
		. 19 to	Seht.	20 19 33
I last saw h	alive on	_	19	: death is said
-			P	, ucatii is said
8	d on the data state		uses of importance	
were as follow		IH and related ca	uses of importance	Date of onset
(- 1 . 1		7 -	
Sim	use lo	Und	mote	la
70				
Via	(fanne)	Sh		*
			mas	
a	usher	/		~
Other Contribu	tory Causes of impo	ortance:		
		. \		
Name of operat	//	A am	U Date	of U
				A /
	rmed diagnosis?			a an autopsy?/_/
			fill in also the foll	owing;
Accident, suicio	de, or homicide?	ucemin	Date of injury	UN 219 3
Where did inju	ry occur? S/a	de Ros	7 4 NG	mes S.
Specify whathe	s injury accurred in	(Specify city	or lown, county and HOME, or in PUBLI	d State) C PLACE A BUE
D opecity whether	SIML		none, or in rober	2
*	7	110 W	Ch	O C
Manner of inju	ry Ita	enve	Fren	
Nature of injur	y ass	formal	le	
~				11/1
124. Was disease	or injury in any w	ray related to occ	unation of deceases	1/ / ///
-3 [or injury in any w	vay related to occ	upation of deceased	
If so, specify _	ala	vay related to occ	supation of deceased	
If so, specify _ (Signed)_	ala	vay related to occ	chart,	- 72 M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		UCL 2 1832	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND	CERTIFICATE OF DEATH 19120
1. PLACE OF DEATH	210-000
County Harford,	Registration Dist. No. 185
Willage or City Havre de Grace	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dyrow walke	V,
(a) Residence: No. 3/ A half and abode)	1, St., Ward. Jams quar lund. If nonresident giye kily or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LIGHT, 4 LG 193 5
situate wante single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Marcely 26-1907	19
7. AGE Years Months Days tf LESS than	to have occurred on the date stated above, atm.
22 5 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Uate of onset
SAWYER, BOOKKEEPER, etc.	A. F. P. P.
kind of work done, as SPINNER, MCLaure SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	automobile accedent
SAW MILL, BANK, etc	The Alice
this occupation (month and spent in this occupation year)	That was Alle
12. BIRTHPLACE (city or town) Jama qua	Other Contributory Causes of importance:
(State or country) Par	
13. NAME / loward walker	
14. BIRTHPLACE (city or town) Jamagua.	Name of operation Date of
(State or country) La.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Worms Joung. 16. BIRTHPLACE (city or town).	23. If death was due to externat causes (VIOL ENCE) fill in also the following;
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? accident. Date of injury Lept. 4,1933
E (State or country)	Where did injury occur? near Bel air, ml.
17. INFORMANT DUSS, rodina valker.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Warrant of Tall 18, Burtal, CREMATION, OR REMOVAL	Sutemple 1 accedent
Place Lauraqua Phate Jest, 8, 1933,	Nature of injury Spacetusel Barell
Up. A	
19. UNDERTAKER / Lucia to Jone 80 mil	24. Was disease or injury in any way related to occupation of deceased?
Lila - Blic Jany	if se, specify to slah Hamburger
20. FILED Sept 5 , 1338 Milello J. Osky /hrs.	(Signed) 1 Land de Trace 7 and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis & S	1915	Attack of epilepsy	1 week ago
Chronic interstitial acaterities &	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
18 61			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
~		•	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

STATE	OF	MARYL	AND-	-CERT	TIFICAT	E OF	DEATH	09121

1. PLACE OF DEATH	167)
County Teachord	Registration Dist. No. 18
Village or City Abecdeen	No. St., Ward
Length of residence in city or town where death occurred 79 yrs	If death occurred in a hospital or institution, give its NAME instead of street and number) spds. How long in U.S. if of foreign birth?yrsmosds,
1 7 . 7 . 7	/ / / /
2. FULL NAME John Lumey	Ills
(a) Residence: No. / Utellul / N	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATHS 01
male White OR DIVORCED (write the word)	Jeph 3 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Mollie Thering.	22. SHEREBY CERTIFY. That attended deceased from
6. DATE OF BIRTH (month, day, and year) Aug. 2.5 18.54	i last saw have alive on Selek of 1938; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 1210 m. P.
79 // I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or porticular	I lying what warms of Oats of onest
kind of work done, as SPINNER Courty Summers	our head.
kind of work done, as SPINNER Country Country SAWYER, BOOKKEEPER, etc 9,1ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and / 9 2 5 specified by ear)	,
A A designation of the second	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME James Wells	
14. BIRTHPLACE (city or town) aberden	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Seucellia Hollis 16. BIRTHPLACE (city or town) aberdeeu. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Were	Accident, sulcide, or homicide? Surede Oate of Injury 52 \$1.5, 19.33
(Stete or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MUN. NO. Januson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) aberdesic md.	
Place & allers Cemeter Date Selet. 7 1933	Manner of injury
7/ 6/2	Nature of injury general Stray Cooling
19. UNDERTAKER / Series Jacking & ones	24. Was disease or Injury in any way related to occupation of deceased?
(Addiess) abtracent ma.	if so, specify
20. FAREDULT 6, 1973 COMMente	(Signed) MD
Registrar.	(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
VDDITIONVII	DI AULI	r. Ow	T. OTCITITION	DIALEMINATO	272	THEORDIAM

	V. 55. 140. 1	AKGIN K	ENERVE	ח	ARGIN RESERVED FOR BINDING	
ż	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. E.	UNFADING	INK-TH	[18]	IS A PERMANENT REC	ORD. EV
(mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI.	supplied. AG	E should	be s	stated EXACTLY. F	HYSICI
T	CAUSE OF DEATH in plair	terms, so th	at it may	be p	properly classified. Exac	t statem
1	TION is very important. See instructions on back of certificate.	e instruction	s on back	of ce	ertificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09122		
1. PLACE OF DEATH	(19)		
County Harfard	Registration Dist. No. 185		
Village Dr City Naure des Grace	No. Ausfartal St., Ward		
(If	death occurred in a hospita/or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Urmfield Why	Te		
(a) Residence: No. Hwy du Brack,	st.nd. Ward.		
(Usual place of abode)	If nonresident give city or town and State MEDICAL ÆERTIFICATE OF DEATH		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
OR DIVORCED (parite the word)	Lefet: 12 193 3		
5. If moved without a diseased	(Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, That I attended deceased from		
	Lifet 1 et , 19 3 , to Sept 12 , 193		
6. DATE OF BIRTH (month, day, and year) March 28, 1932	Hast saw hem elive on Sept 12, 1933; death is said		
7. AGE Years Months 5 Days If LESS than	to have occurred on the date stated above, atm.		
17 1 d 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were set ollows:		
8. Trade, profession, or particular kind of work done as SPINNER	Entenha -		
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Subacute Calletter		
work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked et /11. Total time (years)			
this occupation (month and year) spent in this occupation			
12. BIRTHPLACE (city or town) Have de Grace	Other Contributory Causes of importance:		
(State or country). Marelland.			
13. NAME William & awhite	2		
13. NAME William & Awhyte 14. BIRTHPLACE (city or town)	Name of operation Date of		
(State or country) New York	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME & dua Carles 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19		
(State or country) Maryland.	Where did Injury occur?		
17. INFORMANT IN John Tolyte	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
(Address) Havefle Grace And PDH			
18. BURIAL, CREMATION, OR REMOVEL Con Sect. 14.33	Manner of injury		
viace	Nature of injury		
19. UNDERTAKED . / / a Auson / Michell	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Havia Suc Ma.	If so, specify		
20. FILED dept. 14, 1933 Charles & Joley (M. D.	(Signed) M. D.		
Registrar. If more blanks are needed oddress State Registrar.	(Address) A file of the file o		

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ann Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TANDALT TOTALLY	DI ALUE .	T. OTF	T C M T TITUM	DITERITING	47 1	